Division of Regulation and Licensure
Section for Long Term Care Regulation

LTC BULLETIN

P.O. Box 570, Jefferson City, MO 65102-0570
Phone (573) 526-8514 • Fax (573) 751-8493
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Honoring Patients' Wishes When They Do Not Want to Be Resuscitated

Some people do not wish to be resuscitated in the event of cardiac or respiratory arrest. Emergency medical services personnel must follow certain procedures when treating an individual in a non-hospital setting who has expressed this wish. The protocols are mandated in the "Outside the Hospital Do-Not-Resuscitate Act" (OHDNR), which became Missouri law in 2007. As a result of the act, the Department of Health and Senior Services promulgated rule 19 CSR 30-40.600. The rule became effective on August 31, 2009, and may be accessed at the Secretary of State's Web site: http://www.sos.mo.gov/adrules/csr/csr.asp.

A properly executed OHDNR order authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from a patient in a non-hospital setting in the event of cardiac or respiratory arrest. The order must be completed on an OHDNR form and signed and dated by a patient or the patient's legal representative, and the patient's attending physician. The form must be maintained as the first page of a patient's medical record in a long-term care facility, unless otherwise specified in the facility's policies and procedures. The

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When Should Facilities "Self-Report" Incidents to the Elder Abuse Hotline?

Administrators and staff often ask when they are required to report abuse or neglect incidents to the Elder Abuse Hotline and the Section for Long Term Care Regulation. The answer is not absolute, and common sense must be your guide. However, the following may assist in answering this question.

State Requirements

State law, 198.070.1 RSMo, requires long-term care administrators or employees "who have reasonable cause to believe that a resident of a facility has been abused or neglected… shall immediately report or cause a report to be made to the department."

The Long Term Care (LTC) employee should have ***reasonable cause to believe*** that the abuse or neglect occurred. This allows an administrator or director of nursing a short amount of time to conduct an internal investigation to determine if there is reasonable likelihood that the alleged abuse or neglect actually occurred; and, in the case of "neglect," that the allegation actually rises to the level of "neglect." Once a determination is made that there is ***reasonable cause to believe*** abuse or neglect occurred, the LTC employee is mandated to report immediately, or cause such a report to be made, to the department.

Abuse is defined as the infliction of physical, sexual, or emotional injury or harm.
Physical abuse and sexual abuse are usually easy to define. However, emotional abuse is more difficult. A facility will have to determine whether the alleged emotional abuse is such that a reasonable person would be emotionally injured or there is injury to the resident.

Neglect is defined as "the failure to provide, by those responsible for the care, custody, and control of a resident in a facility, the services which are reasonable and necessary to maintain the physical and mental health of the resident, **when** such failure presents either an imminent danger to the health, safety, or welfare of the resident or a substantial probability that death or serious physical harm would result."

Normally, facilities call the Elder Abuse and Neglect Hotline to make a self-report.

Any time facility employees contact the hotline, they will be asked if they are making the report on behalf of the facility. If the answer is "yes," the report will be entered into the complaint tracking system as a "facility self-report." This allows the Section for Long Term Care Regulation to capture accurately all facility self-reports.

While "misappropriation of RESIDENT property" does not fall under a mandated reporting category, it should be reported. If the alleged perpetrator is a facility employee, the misappropriation may be grounds for an employee disqualification list investigation.

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Patients' Wishes *(continued)*

form and instructions are available online at: www.dhss.mo.gov/EMS.

The form must accompany a patient when he or she is transferred from one health care facility to another. The form must be provided to any facility, person, or agency responsible for the patient's medical care, or to the patient or patient's representative, if the patient is transferred outside of a hospital. A photocopied or faxed form may be used for any purpose for which the original form is used.

If a long-term care facility receives a patient with an OHDNR identification card, bracelet or necklace but is unable to comply with the order, and the patient or patient's representative has not expressed or does not express a desire to be resuscitated, the facility shall take all reasonable steps to transfer the patient to another facility where the order will be honored.

A facility cannot require a patient to possess OHDNR identification or execute an OHDNR order as a condition for receiving services.

Facility Reports *(continued)*

Federal Requirements in Certified Facilities:
In addition to the state requirements, F225 requires certified intermediate-care and skilled nursing facilities to report "*injuries of unknown source*." An injury of an unknown source occurs when:

- the source of an injury is not observed by any person,
- the source of an injury cannot be explained by the resident, **and**
- an injury is suspicious because of its extent or location.

A facility must investigate an unknown injury to determine whether there is reasonable cause to believe abuse or neglect occurred, and must determine the seriousness and likely cause of that injury.

If the injury is suspected to be the result of abuse, it must be reported. If the injury meets the definition of neglect, it must be reported. If the injury is not suspected to be the result of abuse or neglect, but meets the definition of "injuries of unknown source," it must be reported.

For example: A resident is discovered to have a broken arm, but no one observed the cause. Upon a facility investigation, there is no evidence of abuse or neglect, but the resident cannot explain how the broken arm happened, and there is no reasonable explanation for the broken arm. In this case, the facility should make a report to the Department of Health and Senior Services.

It is not necessary to report every altercation between residents. If an altercation is accidental, not preventable, and not an ongoing problem (i.e., the resident does not have a history of repeatedly pushing or shoving other residents), then a facility is not required to report it. However, if a resident-to-resident altercation resulted in death, serious physical harm, or is sexual in nature, it must be reported.

The Facts About It...

In June 2009, the World Health Organization declared that the new H1N1 flu virus had spread throughout the world, becoming the first global pandemic in decades.

Flu of any type can be dangerous in long-term care facilities. To help facilities address this threat, here are answers to some questions frequently asked of the Section for Long Term Care Regulation of the Department of Health and Senior Services:

What is H1N1?

The H1N1 virus is a recently detected illness in humans. You may have also heard the terms 'swine flu' or 'novel influenza A(H1N1)' – all are talking about the same virus that was identified for the first time in the United States in April 2009.

Is H1N1 contagious?

The H1N1 virus is contagious and is spreading easily among people. So far, children and young adults age six months to 24 years old have been more likely to become ill from this virus. Health care workers, emergency responders, and people caring for infants who are ill with flu-like symptoms need to use standard precautions necessary to avoid infection. Serious complications and even some deaths after H1N1 infection have occurred among pregnant women, so they should take precautions to avoid exposure to people ill with this virus.

The Missouri Department of Health and Senior Services has information and advice for pregnant woman on the department's Web site. It is available at http://www.dhss.mo.gov/BT_Response/_Pregnant.html. The Centers for Disease Control and Prevention has a good fact sheet on H1N1 and pregnancy available at http://www.cdc.gov/h1n1flu/guidance/pregnant.htm.

What are the signs and symptoms of H1N1 infection?

The symptoms of H1N1 flu virus in people include fever of 100 degrees F or higher, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A few patients infected with this virus also have reported diarrhea and vomiting.

How does this compare with seasonal influenza?

In seasonal flu, certain people are at high risk of serious complications. This includes people 65 years and older, children younger than five, pregnant women, and people of any age with certain chronic medical conditions. People age 65 and older should be encouraged to receive a vaccination for the seasonal flu as soon as possible. Vaccine for seasonal influenza should be available and given to groups at risk of contracting seasonal flu now. Vaccination against seasonal influenza does not protect one against H1N1, but can help most people stay healthier by preventing seasonal influenza.

Current studies indicate that persons age 65 or older are at less risk from the new H1N1 virus than younger people. Therefore, people in higher-risk groups, such as pregnant women, will receive the new vaccine first. As younger age groups become vaccinated and additional supplies of vaccine become available, programs and providers should offer H1N1 vaccination to people over the age of 65.

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The Facts About It... *(continued)*

About 70 percent of people who have been hospitalized with the H1N1 virus have had one or more underlying medical conditions that put them at risk of flu-related complications. These medical conditions include pregnancy, diabetes, heart disease, lung disease, kidney disease and conditions that weaken a person's immune system.

How do you catch the H1N1 virus?

The H1N1 virus spreads the same way that seasonal flu spreads. Flu viruses travel mainly from person to person through coughing or sneezing by people with influenza. Sometimes viruses coughed into the air come to rest on objects or the surface of tables and desks. People can become infected by touching that surface or object, then touching their mouth or nose.

What can I do to protect myself from getting sick?

A vaccine is under development to protect humans against the H1N1 virus. It is expected to be ready in mid-October.

But everyday actions can help limit the spread of germs that cause respiratory illnesses like influenza. Long-term care employees and residents should take these steps to protect their health:

- Wash their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective if soap and water are not available.
- Cover their nose and mouth with a tissue when they cough or sneeze. Throw the tissue in the trash after they use it. If no tissue is available, they should cough or sneeze into their sleeve.
- Avoid touching their eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If they get the flu, they should stay home from work or school and limit contact with others to keep from infecting them. They should remain at home until 24 hours after their symptoms have ended.

Are there medicines to treat H1N1?

Two antiviral medicines are available to treat persons with H1N1, and a person's health care provider can determine whether specific treatment is necessary. The medicine names are Tamiflu® and Relenza®. These prescription medicines work best when started within two days of the onset of symptoms and can make a person feel better faster and the illness milder. They may also prevent serious flu complications. Most people, however, recover from H1N1 infection without treatment.

How long can an infected person spread H1N1 influenza to others?

Persons with the H1N1 virus may be contagious from one day before they develop symptoms until 24 hours after they recover. Children, especially younger children, and people with weakened immune systems, might be contagious for longer periods. In general, individuals with H1N1 flu should stay home and not go into the community except to seek medical care until a full day after their symptoms have disappeared. Persons who are sick should stay home until at least 24 hours after they are free of fever without the use of medication.

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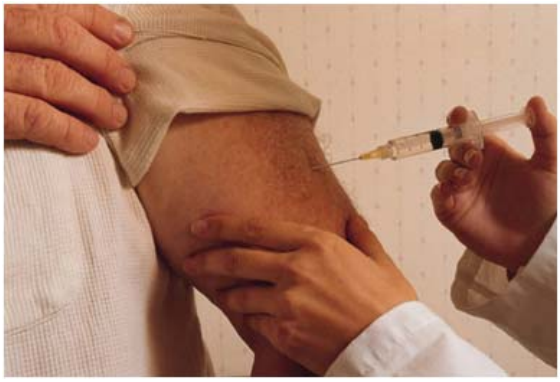

Information About Flu, Pneumonia and H1N1 Vaccines

From the Missouri Department of Health and Senior Services

The new H1N1 flu virus, commonly referred to as "swine flu," is a new form of influenza that emerged last March and has now swept around the globe, causing worldwide illness. It is different from the traditional seasonal flu viruses that have circulated throughout the United States in recent years, and it poses different risks.

This has created confusion, especially among long-term care facilities, about how to protect their residents, who traditionally are the most at risk from flu viruses. People are asking, how serious is this new flu? Will a seasonal flu shot offer protection? How often should seniors receive seasonal flu and pneumonia vaccines?

Here are the answers.

- Long-term care facilities that participate in Medicare or Medicaid must offer their residents seasonal flu and pneumonia vaccines. People 65 and older, along with infants and persons with compromised immune systems, are more likely than others to get very ill from the seasonal flu.

- Residents should be offered their seasonal flu shots now through March 31, and one pneumonia vaccine after age 65.

- Facilities should offer pneumonia vaccinations to all residents who do not have a spleen, have HIV infection, AIDS or a malignancy and who have not received a previous vaccination. Residents under 65 should be offered a single pneumonia revaccination if more than five years has passed since their original vaccination.

- A facility must document whether a resident receives or refuses the vaccines in the resident's medical record.

- A seasonal flu vaccine will not protect residents from the H1N1 flu.

- At this point, there is no reason to believe the H1N1 flu is more dangerous than the seasonal flu.

- A vaccine against the new H1N1 flu is being produced and is expected to be available in mid-October. Current studies indicate seniors are at less risk for H1N1 infection than younger age groups. Why? Older persons may have some immunity because they have been exposed to many different influenza viruses in their lifetimes.

- People at highest risk of severe H1N1 illness are pregnant women, young children, teens, young adults and those with underlying health conditions such as heart and lung disease. Therefore, those groups – along with health care workers – will receive the new vaccine first. As younger age groups become vaccinated and additional supplies of vaccine become available, programs and providers should offer H1N1 vaccine to people 65 and older.

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Flu, Pneumonia & H1N1 Vaccines *(continued)*

- Residents may receive two vaccines on the same day – a seasonal flu and a pneumonia vaccine, or an H1N1 vaccine and a seasonal flu shot. One vaccine will be administered in their right arm, the other in their left.
- Medicare Part B covers both seasonal flu and pneumonia vaccines.
- The H1N1 vaccine will be provided free to long-term care facilities, hospitals, physicians and others who immunize patients. If those providers charge an administration fee, they can bill Medicare Part B.
- The best way to avoid the flu, whether H1N1 or seasonal flu, is by practicing good hygiene. This means covering one's nose and mouth with a tissue when coughing or sneezing, washing one's hands frequently, and staying home when ill.

The Facts *(continued)*

What should I do if I get sick?

If you live in areas where people have been confirmed as having the H1N1 flu and you become ill with flu-like symptoms – including fever, body aches, runny or stuffy nose, sore throat,– you should stay home and avoid contact with other people. Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings.

If you have severe illness or you are at high risk for flu complications, contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed. If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing • Bluish or gray skin color
- Not drinking enough fluids • Severe or persistent vomiting
- Not waking up or not interacting • Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough • Fever with a rash

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath • Pain or pressure in the chest or abdomen
- Sudden dizziness • Confusion • Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

How can I gain additional information?

To learn more about the H1N1 virus, visit the Missouri Department of Health and Senior Services' H1N1 Web site at, http://www.dhss.mo.gov/BT_Response/_H1N1Flu.html, and the Centers for Disease Control and Prevention's Web site, http://www.flu.gov/.

Long-term care facilities should have a plan in place to minimize the consequences of the H1N1 flu. Please visit www.dhss.mo.gov/BT_Response/_LTC.html to obtain a Pandemic Influenza Planning Checklist.

Missouri Department of Health and
Senior Services
Section for Long Term Care Regulation
P. O. Box 570
Jefferson City, MO 65102-0570

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The LTC Bulletin is published quarterly by the Section for Long Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov, or you may call (573) 526-8514.